

# LSP APPLICATION FORM

If you have previously applied, please write the previous application number here: \_\_\_\_\_  
[NOTE: If you previously applied, and you took but did not pass the Board's licensing exam, do not use this Application Form.]

LSP Application # \_\_\_\_\_

## FORM 1 APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Will the Board receive information about you under a different name? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If your answer is "Yes," fill in that name below:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

**Mailing Address:** The Board will use the address you provide for all correspondence. Please indicate whether this is your home or business by placing an "X" in the appropriate box.

<input type="checkbox"/>	<input type="checkbox"/>
(Home)	(Bus.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Zip Code) (E-Mail /Internet Address)

**Telephone Number(s):**

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Applicant's Selection of Standard or Alternate Track and Qualifying Degree:**

Based on the Minimum Education Requirements in Section 3.02(1) of the regulations, indicate under which "Track" you want to be considered for licensure and provide information about the qualifying education:

CHECK ONLY ONE: Standard Track \_\_\_\_\_ Alternate Track \_\_\_\_\_

\_\_\_\_\_  
Field of Study of Qualifying Degree  
(e.g., Civil Engineering)

\_\_\_\_\_  
Type of Degree  
(e.g., BS, MS)

\_\_\_\_\_  
Year Graduated

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## Other Education

Field of Study	Type of Degree	Year Graduated

## Moral Character and Proficiency:

1. Have you ever been disbarred, suspended, reprimanded, censured or otherwise disciplined as a member of any profession or holder of any public office, or have you voluntarily surrendered a professional license?

Check either: Yes \_\_\_\_ No \_\_\_\_ If Yes, explain the circumstances on a separate page.

2. Are you currently the subject of pending professional disciplinary proceedings?

Check either: Yes \_\_\_\_ No \_\_\_\_ If Yes, explain the circumstances on a separate page.

## 3. Convictions, Judgments and Settlements:

(i) Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

(ii) Have you ever been convicted of a misdemeanor involving Fraud, Deceit, Misrepresentation or Forgery? Yes \_\_\_\_ No \_\_\_\_

(iii) Within the last seven years have you had a civil judgment rendered against you or your company for professional errors, omissions, negligence, incompetence or professional malpractice committed by you in the conduct of your business? Yes \_\_\_\_ No \_\_\_\_

(iv) Within the last seven years have you had a civil judgment rendered against you or your company for an action you took (or failed to take) involving Fraud, Deceit, Misrepresentation, Forgery, or the Massachusetts Consumer Protection Act (Chapter 93A)? Yes \_\_\_\_ No \_\_\_\_

If Yes, explain the circumstances on a separate page.

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4. Are you currently a defendant in a criminal proceeding?

Check either: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain the circumstances on a separate page.

## Affidavit and Handwriting Sample

Write in ink in your usual handwriting the following statement in the space provided below.

### AFFIDAVIT

**“Under the pains and penalties of perjury, I have reviewed all the information provided in this application, and all this information is true and correct. I understand that any misrepresentation will constitute grounds for rejection of my application for licensure.”**

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# LSP APPLICATION FORM

LSP Application # \_\_\_\_\_

Position # \_\_\_\_\_ of \_\_\_\_\_

## FORM 2

### RELEVANT PROFESSIONAL EXPERIENCE WASTE SITE CLEANUP DECISION MAKING EXPERIENCE POSITION DESCRIPTIONS

Position Description (Do Not Just Name; Give a Brief Description): \_\_\_\_\_

\_\_\_\_\_

Position Duration: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr) End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

Time For Which You Are Claiming RPE For This Position: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr) End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Telephone No.: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Was position less than an average of 20 hours/week? Yes \_\_\_ No \_\_\_

If yes, average hours/week: \_\_\_\_\_

Fields(s) of Expertise for this position (These Will Be Referred To On Form 3, Block a.):

\_\_\_\_\_

Answer the following questions in the spaces provided:

a. Explain how your responsibilities related to assessment, containment or removal, and how they were an integral component of this position.

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## **FORM 2 (CONT.)**

- b. (1) Demonstrate how you were personally responsible for the evaluation and selection of scientific or technical methodologies for conducting assessments, containments or removals at sites. (2) Describe the types of methodologies selected and the basis for the selections.**

- c. (1) Describe the types and levels of responsibilities of persons you coordinated or supervised while conducting assessments, containments or removals at sites. (2) What level of authority and degree of control did you assume over their work? (3) What was the average size of teams you coordinated or supervised?.**

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## FORM 2 (CONT.)

d. Describe the levels of responsibility and independent judgment you exercised in this position. In particular, describe (1) the types of categories of conclusions you reached, (2) the extent to which you used those conclusions in making recommendations to employers or clients regarding actions at sites, and (3) the method by or form in which you made those recommendations..

Waste Site Cleanup Decision Making Experience Claimed . . . . .

Form 2 -- Page 3 of 3

\_\_\_\_/\_\_\_\_

(yrs/mos)

# LSP APPLICATION FORM

LSP Application # \_\_\_\_\_

Project # \_\_\_\_ of \_\_\_\_  
Refer to Position # \_\_\_\_

## FORM 3

### RELEVANT PROFESSIONAL EXPERIENCE

#### PROJECT DESCRIPTIONS

Project Description: \_\_\_\_\_

Project Duration: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr) End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

Time For Which You Are Claiming RPE For This project: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr) End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

Project Client: \_\_\_\_\_

Project Objective: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Assessment    \_\_\_\_ Containment    \_\_\_\_ Removal    \_\_\_\_ Other (check as many as apply)

Did subsurface investigations occur during this project?    Yes \_\_\_\_ No \_\_\_\_

#### Project Information:

	Name	Address	Phone #
Employer:			
Supervisor:			

Answer the following questions in the spaces provided:

a. Describe how you applied technical knowledge and skill in one or more of your fields of expertise to this project. (Refer to Form 2 "Field of Expertise. . ." Line)

# **LSP APPLICATION FORM**

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## **FORM 3 (CONT.)**

**b. Describe the nature and extent of the environmental conditions associated with the project.**

**List the contaminants encountered.**

**c. Describe the extent to which you were a principal decision maker for this project. Tell us your overall role in the project, including a description of your conclusions and recommendations, and how you communicated them.**



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## FORM 4 RELEVANT PROFESSIONAL EXPERIENCE ("RPE") SUMMARY OF POSITIONS

LSP Application # \_\_\_\_\_

Position# from Forms 2	Position Description	Claimed RPE (yrs/mos)	Corresponding Project Numbers	Dates in Position (mo/yr - mo/yr)
1		/		/ - /
2		/		/ - /
3		/		/ - /
4		/		/ - /
5		/		/ - /
6		/		/ - /
7		/		/ - /
8		/		/ - /

NOTE: Applicants applying under the Standard Track must claim at least 5 years of RPE. Applicants applying under the Alternate Track must claim at least 7 years of RPE. In addition, all applicants must claim at least 3 years of RPE within 5 years of submitting this application. If you do not claim the requisite amount of RPE, this application will be deemed incomplete.

RELEVANT PROFESSIONAL EXPERIENCE: .....

\_\_\_\_\_ / \_\_\_\_\_  
 (YRS/MOS)

# **LSP APPLICATION FORM**

**LSP Application #** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

## **FORM 5**

### **OPTIONAL STATEMENT OF QUALIFICATIONS**

**You may write 250 words maximum providing additional information in support of your claim that you meet the requirements for Relevant professional Experience.**

# LSP APPLICATION FORM

LSP Application # \_\_\_\_\_

Position # \_\_\_\_ of \_\_\_\_

## FORM 6

### TOTAL PROFESSIONAL EXPERIENCE ("TPE")

#### POSITION DESCRIPTIONS

Position Description: \_\_\_\_\_

Position Duration: Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(mo/yr) End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(mo/yr)

Employer Name: \_\_\_\_\_

Supervisor Name : \_\_\_\_\_

Supervisor Telephone No.: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Was position less than an average of 20 hours/week? Yes \_\_\_ No \_\_\_

If yes, average hours/week: \_\_\_\_\_

a. Describe the environmental, scientific and engineering fields that your work involved.

b. Describe how your work involved the application of scientific or engineering principles.

# LSP APPLICATION FORM

LSP Application # \_\_\_\_\_

## FORM 6

**TOTAL PROFESSIONAL EXPERIENCE ("TPE")**

**POSITION DESCRIPTIONS (CONT)**

c. Describe the nature of your conclusions and describe how these conclusions formed the basis for reports, studies or other documents.

**Total Professional Experience Claimed .....**

<div style="text-align: center;">_____ /_____ (yrs/mos)</div>
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**Form 6 -- Page 2 of 2**

# LSP APPLICATION FORM

LSP Application # \_\_\_\_\_

## **FORM 7** **SUMMARY OF PROFESSIONAL EXPERIENCE CLAIMED**

Number of Years of Relevant Professional Experience from Form 4 :

Box 1

\_\_\_\_/\_\_\_\_  
(yrs/mos)

Summary of Form 6 Positions:

Position # from Form 6	Employer	TPE Claimed (yrs/mos)	Dates in position (mo/yr - mo/yr)
1		/ - /	/ - /
2		/ - /	/ - /
3		/ - /	/ - /
4		/ - /	/ - /
5		/ - /	/ - /
6		/ - /	/ - /
7		/ - /	/ - /

Box 2

Number of years of experience from all Form 6 positions:

\_\_\_\_/\_\_\_\_  
(yrs/mos)

Request for Education Substitution for Total Professional Experience:

Field of Study	Type of Degree	Time Requested (whole years only)

(Note: include required documentation in Application Package)

Box 3

Educational Substitution Subtotal (maximum 2 years):

\_\_\_\_/\_\_\_\_  
(yrs/mos)

Box 4

Total Professional Experience claimed: .....  
(Box 1 + Box 2 + Box 3 = Box 4):

\_\_\_\_/\_\_\_\_  
(yrs/mos)

# LSP APPLICATION FORM

LSP Application # \_\_\_\_

## PROFESSIONAL REFERENCES

The Board requires a total of four (4) references. (Additional references will not be accepted.) In the box below, list the name, address and current telephone number of the four individuals who will serve as your professional references.

### Reference Handling Instructions:

The application package includes four return envelopes, four Professional Reference Forms, and four Information Sheets. First, on each Reference Form, fill in Box No. 1 and Box No. 2. Address each return envelope to yourself and affix postage. Place one envelope and one (1) Reference Form, in another envelope and deliver one of these envelopes to each of your four references. If you did not request and receive an application package containing the four return envelopes, please instruct each of your references to return the completed form to you in a sealed envelope with their signature across the seal.

Ask each reference to complete the Professional Reference Form by typing his or her responses to the questions asked on the form. (Handwritten references will not be considered!) Instruct each reference to seal the form in the return envelope, and send it back to you. Do not open the sealed return envelopes. You must submit these four sealed envelopes containing Reference Forms with the rest of your application.

Note that the envelopes include a line on the seal upon which the reference must sign his or her name. Upon receiving your application materials, the Board will verify that the envelopes are sealed.

Please note the following:

- 1) the Board will reject all applications in which tampering with envelope seals is evident;
- 2) failure to provide up-to-date telephone numbers for your references may delay the processing of your application.

### Professional References

Name	Address	Current Telephone Number
		(____)____-____
		(____)____-____
		(____)____-____
		(____)____-____

Summary of References -- Page 1 of 1

# LSP APPLICATION FORM

LSP Application # \_\_\_\_\_

**PROFESSIONAL REFERENCE FORM**  
**for**  
**APPLICANTS to the**  
**BOARD OF REGISTRATION OF HAZARDOUS WASTE SITE CLEANUP**  
**PROFESSIONALS**

**INSTRUCTIONS FOR APPLICANT:** Please complete boxes no. 1 and no. 2 below before giving this form to the reference named in box no. 1.

**1. Please provide the following information before sending to the reference:**

Name of Applicant: _____	
Name of Reference: _____	
Reference's Title & Business Name: _____	
Reference's Address: _____	Reference's Telephone No.: _____
_____	( _____ ) _____ - _____
_____	Period of Time for which the Reference is sought
_____	_____ / _____ to _____ / _____ (mo/yr to mo/yr)

**2. Please complete and sign the following waiver before sending to the reference:**

<u><b>Waiver</b></u>	
<p>I, _____ authorize _____ to provide the Board of Registration of Hazardous Waste Site Cleanup professionals with the information requested on this form, which is relevant to my qualifications as an applicant for licensure. I hereby knowingly, voluntarily, and in the absence of coercion of any kind, DO/D0 NOT (circle one) release and discharge the reference from any claims I may have arising from the giving of such information to the Board. I also hereby knowingly, voluntarily, and in the absence of coercion of any kind, DO/DO NOT (circle one) waive any rights I may have to review the reference's submission hereto.</p>	
Signature of Applicant: _____	Date: _____

# **LSP APPLICATION FORM**

## **PROFESSIONAL REFERENCE FORM**

**for**

**APPLICANTS to the**

**BOARD OF REGISTRATION OF HAZARDOUS WASTE SITE CLEANUP  
PROFESSIONALS**

### **INSTRUCTIONS FOR REFERENCE**

The individual named in box no. 1 on page 1 is applying for a license as a Hazardous Waste Site Cleanup Professional (commonly called a “Licensed Site Professional” or simply “LSP”). Once an individual is licensed as an LSP, he or she can be hired by private or public parties to manage or oversee the assessment and/or cleanup of property that is subject to the Massachusetts regulations governing sites where oil or hazardous materials have been released to the environment. In connection with the Massachusetts 21E Program, LSPs are authorized to render written Waste Site Cleanup Activity Opinions about the assessment and cleanup work conducted at these sites. LSPs submit these opinions to the Massachusetts Department of Environmental Protection (“DEP”). These opinions are relied upon by an LSP’s clients, the public, and DEP.

The applicant has asked you to provide a professional reference to be considered by this Board when it reviews the applicant’s written application. The Board appreciates receiving your considered and candid response to the questions asked below about the applicant. These questions concern the professional capabilities and character of the applicant. Your answers to these questions will be given serious consideration by the Board during the Board’s review of the applicant’s qualifications for licensure.

Please return your completed reference form to the applicant in a sealed envelope with your signature across the envelope seal. Upon receipt of your reference, the Board will keep it confidential. It will be read only by the staff and members of the Board. If the applicant agrees in box no. 2 on page 1 to waive his or her right to review your submission, even the applicant will not be permitted to see it.

Should you have any questions about this form, or about the LSP program in general, please contact the Board’s staff at (617) 556-1091.

**TO ENSURE THAT YOUR REFERENCE IS CAPABLE OF BEING READ EASILY THE BOARD REQUIRES THAT YOUR RESPONSE BE TYPEWRITTEN.** Please type your responses in the space provided in the boxes on the Form.



# LSP APPLICATION FORM

LSP Application # \_\_\_\_

## PROFESSIONAL REFERENCE FORM (CONT.)

a. 1. What is your business and/or professional relationship with the applicant? 2. Please indicate approximate dates for the period(s) during which you have personally known the applicant and have direct knowledge of the applicant's professional work.

b. Do you know of any reason that the Board should not grant a license to the applicant?

Yes \_\_\_\_ No \_\_\_\_

Do you have knowledge of any information that would bring into question the applicant's professional competence, professional maturity or history of ethical practice that the Board should consider before it makes a licensing decision regarding this applicant?

Yes \_\_\_\_ No \_\_\_\_

If you answer yes to either of these questions, please explain the circumstances on a separate page.

c. Please describe: 1. The extent to which the applicant's work involved assessment, containment or removal activities at oil and hazardous waste sites. 2. The nature of the responsibilities exercised by the applicant. 3. Did the applicant's responsibilities change over time? If so, how, and when did they change, and at what points in time did these changes occur?

# LSP APPLICATION FORM

LSP Application # \_\_\_\_

## PROFESSIONAL REFERENCE FORM (CONT.)

d. 1. Did the applicant make technical decisions and/or recommendations for oil and hazardous waste site assessments, containments or removals? If so, please describe the type of decisions and/or recommendations that the applicant made. 2. Describe the limits of the applicant's decision making responsibilities. 3. Did the applicant's decision-making responsibilities change over time? If so, how, and at what points in time did these changes occur?

e. 1. What role did the applicant have in the selection of methodologies for hazardous waste site assessments, containments, or removals? 2. Did the applicant's responsibilities change over time? If so, how and when did they change, and at what points in time did these changes occur?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LSP APPLICATION FORM

LSP Application # \_\_\_\_\_

**PROFESSIONAL REFERENCE FORM**  
**for**  
**APPLICANTS to the**  
**BOARD OF REGISTRATION OF HAZARDOUS WASTE SITE CLEANUP**  
**PROFESSIONALS**

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Name of Reference: _____	
Reference's Title & Business Name: _____	
Reference's Address: _____	Reference's Telephone No.: _____
_____	(____) _____ - _____
_____	Period of Time for which the Reference is sought
_____	____/____ to ____/____ (mo/yr to mo/yr)

**2. Please complete and sign the following waiver before sending to the reference:**

<u><b>Waiver</b></u>	
<p>I, _____ authorize _____ to provide the Board of Registration of Hazardous Waste Site Cleanup professionals with the information requested on this form, which is relevant to my qualifications as an applicant for licensure. I hereby knowingly, voluntarily, and in the absence of coercion of any kind, DO/D0 NOT (circle one) release and discharge the reference from any claims I may have arising from the giving of such information to the Board. I also hereby knowingly, voluntarily, and in the absence of coercion of any kind, DO/DO NOT (circle one) waive any rights I may have to review the reference's submission hereto.</p>	
Signature of Applicant: _____	Date: _____

# **LSP APPLICATION FORM**

## **PROFESSIONAL REFERENCE FORM**

**for**

**APPLICANTS to the**

### **BOARD OF REGISTRATION OF HAZARDOUS WASTE SITE CLEANUP PROFESSIONALS**

#### **INSTRUCTIONS FOR REFERENCE**

The individual named in box no. 1 on page 1 is applying for a license as a Hazardous Waste Site Cleanup Professional (commonly called a “Licensed Site Professional” or simply “LSP”). Once an individual is licensed as an LSP, he or she can be hired by private or public parties to manage or oversee the assessment and/or cleanup of property that is subject to the Massachusetts regulations governing sites where oil or hazardous materials have been released to the environment. In connection with the Massachusetts 21E Program, LSPs are authorized to render written Waste Site Cleanup Activity Opinions about the assessment and cleanup work conducted at these sites. LSPs submit these opinions to the Massachusetts Department of Environmental Protection (“DEP”). These opinions are relied upon by an LSP’s clients, the public, and DEP.

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# LSP APPLICATION FORM

LSP Application # \_\_\_\_

## PROFESSIONAL REFERENCE FORM (CONT.)

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# LSP APPLICATION FORM

LSP Application # \_\_\_\_

## PROFESSIONAL REFERENCE FORM (CONT.)

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e. 1. What role did the applicant have in the selection of methodologies for hazardous waste site assessments, containments, or removals? 2. Did the applicant's responsibilities change over time? If so, how and when did they change, and at what points in time did these changes occur?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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LSP Application # \_\_\_\_\_

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## **PROFESSIONAL REFERENCE FORM**

**for**

**APPLICANTS to the**

### **BOARD OF REGISTRATION OF HAZARDOUS WASTE SITE CLEANUP PROFESSIONALS**

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## PROFESSIONAL REFERENCE FORM (CONT.)

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# LSP APPLICATION FORM

LSP Application # \_\_\_\_

## PROFESSIONAL REFERENCE FORM (CONT.)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LSP APPLICATION FORM

LSP Application # \_\_\_\_\_

**PROFESSIONAL REFERENCE FORM**  
for  
**APPLICANTS to the**  
**BOARD OF REGISTRATION OF HAZARDOUS WASTE SITE CLEANUP**  
**PROFESSIONALS**

**INSTRUCTIONS FOR APPLICANT:** Please complete boxes no. 1 and no. 2 below before giving this form to the reference named in box no. 1.

**1. Please provide the following information before sending to the reference:**

Name of Applicant: _____	
Name of Reference: _____	
Reference's Title & Business Name: _____	
Reference's Address: _____	Reference's Telephone No.: _____
_____	(____) _____ - _____
_____	Period of Time for which the Reference is sought
_____	____/____ to ____/____ (mo/yr to mo/yr)

**2. Please complete and sign the following waiver before sending to the reference:**

<u><b>Waiver</b></u>	
<p>I, _____ authorize _____ to provide the Board of Registration of Hazardous Waste Site Cleanup professionals with the information requested on this form, which is relevant to my qualifications as an applicant for licensure. I hereby knowingly, voluntarily, and in the absence of coercion of any kind, DO/D0 NOT (circle one) release and discharge the reference from any claims I may have arising from the giving of such information to the Board. I also hereby knowingly, voluntarily, and in the absence of coercion of any kind, DO/DO NOT (circle one) waive any rights I may have to review the reference's submission hereto.</p>	
Signature of Applicant: _____	Date: _____

# **LSP APPLICATION FORM**

## **PROFESSIONAL REFERENCE FORM**

**for**

**APPLICANTS to the**

### **BOARD OF REGISTRATION OF HAZARDOUS WASTE SITE CLEANUP PROFESSIONALS**

#### **INSTRUCTIONS FOR REFERENCE**

The individual named in box no. 1 on page 1 is applying for a license as a Hazardous Waste Site Cleanup Professional (commonly called a “Licensed Site Professional” or simply “LSP”). Once an individual is licensed as an LSP, he or she can be hired by private or public parties to manage or oversee the assessment and/or cleanup of property that is subject to the Massachusetts regulations governing sites where oil or hazardous materials have been released to the environment. In connection with the Massachusetts 21E Program, LSPs are authorized to render written Waste Site Cleanup Activity Opinions about the assessment and cleanup work conducted at these sites. LSPs submit these opinions to the Massachusetts Department of Environmental Protection (“DEP”). These opinions are relied upon by an LSP’s clients, the public, and DEP.

The applicant has asked you to provide a professional reference to be considered by this Board when it reviews the applicant’s written application. The Board appreciates receiving your considered and candid response to the questions asked below about the applicant. These questions concern the professional capabilities and character of the applicant. Your answers to these questions will be given serious consideration by the Board during the Board’s review of the applicant’s qualifications for licensure.

Please return your completed reference form to the applicant in a sealed envelope with your signature across the envelope seal. Upon receipt of your reference, the Board will keep it confidential. It will be read only by the staff and members of the Board. If the applicant agrees in box no. 2 on page 1 to waive his or her right to review your submission, even the applicant will not be permitted to see it.

Should you have any questions about this form, or about the LSP program in general, please contact the Board’s staff at (617) 556-1091.

**TO ENSURE THAT YOUR REFERENCE IS CAPABLE OF BEING READ EASILY THE BOARD REQUIRES THAT YOUR RESPONSE BE TYPEWRITTEN.** Please type your responses in the space provided in the boxes on the Form.

# **LSP APPLICATION FORM**

**LSP Application #** \_\_\_\_

## **PROFESSIONAL REFERENCE FORM (CONT.)**

**a. 1. What is your business and/or professional relationship with the applicant? 2. Please indicate approximate dates for the period(s) during which you have personally known the applicant and have direct knowledge of the applicant's professional work.**

**b. Do you know of any reason that the Board should not grant a license to the applicant?**

**Yes** \_\_\_\_ **No** \_\_\_\_

**Do you have knowledge of any information that would bring into question the applicant's professional competence, professional maturity or history of ethical practice that the Board should consider before it makes a licensing decision regarding this applicant?**

**Yes** \_\_\_\_ **No** \_\_\_\_

**If you answer yes to either of these questions, please explain the circumstances on a separate page.**

**c. Please describe: 1. The extent to which the applicant's work involved assessment, containment or removal activities at oil and hazardous waste sites. 2. The nature of the responsibilities exercised by the applicant. 3. Did the applicant's responsibilities change over time? If so, how, and when did they change, and at what points in time did these changes occur?**

# LSP APPLICATION FORM

LSP Application # \_\_\_\_

## PROFESSIONAL REFERENCE FORM (CONT.)

d. 1. Did the applicant make technical decisions and/or recommendations for oil and hazardous waste site assessments, containments or removals? If so, please describe the type of decisions and/or recommendations that the applicant made. 2. Describe the limits of the applicant's decision making responsibilities. 3. Did the applicant's decision-making responsibilities change over time? If so, how, and at what points in time did these changes occur?

e. 1. What role did the applicant have in the selection of methodologies for hazardous waste site assessments, containments, or removals? 2. Did the applicant's responsibilities change over time? If so, how and when did they change, and at what points in time did these changes occur?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_